



9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Changes to admissions policies, organization of Waiting List or any other changes to Warren County Housing Authority's Administrative Plan.</p> <p>Administrative Plan changes attached.</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

**WARREN COUNTY HOUSING AUTHORITY  
FIVE-YEAR PLAN  
BEGINNING 10/2010**

**5.2 GOALS AND OBJECTIVES**

Improve the quality of assisted housing.

Increase assisted housing choices.

Ensure equal opportunity and affirmatively further fair housing.

Promote freedom of housing choice.

Maintain high performer on SEMAP.

Promote good quality of living for eligible families while maintaining their rent payments at an affordable level.

Refer families to community resources for assistance in becoming self-sufficient.

Refer supportive services to increase independence for the elderly or families with disabilities.

Continue to provide decent, safe and sanitary rental housing for eligible participants.

**VIOLENCE AGAINST WOMEN ACT**

Warren County Housing Authority will refer all victims of domestic violence, dating violence, sexual assault and stalking to appropriate agencies in the community, including Warren County Domestic Violence, Warren County Human Services and Warren County Mental Health Counseling, to coordinate and provide services, maintain housing and enhance victim safety in assisted families.

## ***WARREN COUNTY HOUSING AUTHORITY ADMINISTRATIVE PLAN POLICY CHANGES***

### ***III. ELIGIBILITY FOR ADMISSION***

Any communication sent to address listed by applicant on the Preliminary Tenant Application and returned by the Post Office, undeliverable, will result in withdrawal of the application from the Waiting List

#### ***III (D) PROVISION OF SOCIAL SECURITY NUMBER***

1. The family must submit valid social security numbers for each family member at the time of application. Social security numbers will be verified by providing each household member's social security card.

a. Applicant will be informed at the time of application, that if all social security cards are not provided within 10 calendar days, the application will be considered incomplete and will be removed.

2. When a participant requests to add a new household member, verification will be required of each new member with 90 calendar days.

a. One additional 90-day extension shall be granted if the HA determines that the participant's failure to comply was due to circumstances beyond participant's control.

3. If participant, or any member of participant's household, has been assigned a new SSN, the participant must submit to the HA verification in 30 calendar days of receipt of new SSN.

#### ***III (E) PROVISION OF CERTIFIED BIRTH CERTIFICATE***

1. The family must submit a certified birth certificate for each family member at the time of application.

a. Applicant will be informed at the time of application, that if all certified birth certificates are not provided within 10 calendar days, the application will be considered incomplete and will be removed.

#### ***III (F) PROVISION OF DRIVER'S LICENSE***

1. All adult family members must submit current driver's license or picture identification.

2. Applicant will be informed at the time of application, that if all drivers' licenses are not provided within 10 calendar days, the application will be considered incomplete and will be removed.

### ***III (G) PROVISION OF PROOF OF INCOME***

1. All adult family members must submit current proof of income.
2. Verification may be in the form of pay stubs, divorce decree, tax returns, notarized statement, or third-party print outs from Social Security, Human Service, Child Support Recovery, and/or Unemployment.
3. Applicant will be informed at the time of application, that if all verifications of income are not provided within 10 calendar days, the application will be considered incomplete and will be removed.

### ***III (H) OTHER ADMISSION CRITERIA***

(c)(1) If WCHA purposes to deny admission for criminal activity as shown by a criminal record, WCHA must provide the subject of the record and the applicant with a copy of the criminal record. WCHA must give the family an opportunity to dispute the accuracy and relevance of that record through the informal hearing process.

### ***III (I) INELIGIBILITY BECAUSE OF PRIOR EVICTION FOR DRUG-RELATED ACTIVITY***

(4) The ineligibility of a person convicted of manufacturing or selling methamphetamine or any other illegal drug in or on the property of an assisted unit will be a lifetime ineligibility.

### ***III (L) ELIGIBILITY RESTRICTIONS REGARDING NONCITIZENS***

2. Proof of citizenship will take the following form:

a. For families claiming U.S. citizenship, each applicant or participant family member will sign the citizenship declaration form and present appropriate documentation, including a current U.S. passport, resident alien card, social security card and other appropriate documentation, which will become a permanent part of the tenant file.

(1) All verifications shall be submitted at the time of application.

(2) The Declaration of Citizenship Form shall be completed at the time the applicant attends his/her briefing session.

(3) Adults will be required to sign the Declaration of Citizenship on behalf of all children under the age of eighteen years.

9. Any applicant or participant family affected by these provisions has the right to an informal hearing provided the family notifies the HA within 10 days of the action or decision the family wishes to appeal. All appeals will be conducted in accordance with the provisions of the HA's Informal Hearing procedures (XXIV).

#### ***IV (A) APPLICATION INTAKE***

9. Applicant will be informed at the time of application, that if all documents requested by the HA are not provided within 10 calendar days, the application will be considered incomplete and will be removed.

#### ***V (G) MAINTAINING THE WAITING LIST***

Any application withdrawn or removed for any reason will be offered an informal hearing in a letter sent to the address listed by applicant on the application form.

#### ***XIII UTILITY REIMBURSEMENTS***

(C) Utility reimbursement checks will be made to the utility company on family's behalf.

#### ***XIX TERMINATION OF RENTAL ASSISTANCE FOR THE FAMILY***

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence and will If WCHA purposes to deny admission for criminal activity as shown by a criminal record, WCHA must provide the subject of the record and the applicant with a copy of the criminal record. WCHA must give the family an opportunity to dispute the accuracy and relevance of that record through the informal hearing process.
2. The ineligibility of a person convicted of manufacturing or selling methamphetamine or any other illegal drug in or on the property of an assisted unit will be a lifetime ineligibility.
3. not be "good cause" for termination of the assistance, tenancy, or occupancy rights of a victim of such violence.
4. If WCHA proposes to terminate assistance for criminal activity as shown by a criminal record, WCHA must notify the household of the proposed action to be based on the information and must provide the subject of the record and the tenant with a copy of the criminal record. WCHA must give the family an opportunity to dispute the accuracy and relevance of that record.
5. Criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
  - a. A family member must complete and submit Certification Form HUD-50066, or the information that may be provided in lieu of the certification, within 14

business days of receiving the written request for this certification by WCHA, the owner or manager. The certification must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification by the 14<sup>th</sup> business day, none of the provisions afforded to victims of domestic violence apply.

- b. In addition to the certification, the family must also provide a Federal, State, tribal, territorial, or local police or court record; or documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic abuse has signed or attested to the documentation.

#### ***XXIV INFORMAL HEARINGS***

A (5) When Preliminary Tenant Application has been removed from the Waiting List because it was considered incomplete.

C (1) Within five days of the receipt of a written request from the family, WCHA will schedule the hearing with a hearing officer. An informal hearing letter will be sent to the last known address listed by the family informing them of the date and time of the hearing.

C(1)a Hearing will be held at WCHA's administrative office located at 1305 East First Avenue, #1, Indianola, Iowa.

#### ***XXVI REPAYMENT PLANS***

1. The schedule of payments must be reasonable and not cause undue hardship on the family and will not be established for longer than twenty-four (24) months.
2. Any unpaid balance at the end of the Repayment Agreement period will result in commencement of judicial proceedings by the County Attorney's Office.